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APPLICANTS

Andrea M. Jacobson, St. Paul, MN *NA*

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/104,946 06/25/1998 PAT 6,735,701 *NA*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 51	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* Examiner's Signature Initials

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TITLE

Network policy management and effectiveness system

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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